PART B - FEE(S) TRANSMITTAL

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25885 7590 04/08/2008				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
						(Signature)	
			į			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/598,696 TITLE OF INVENTION	06/06/2007 : OPIOID RECEPTOR	ANTAGONISTS	Marta Garcia De La Te	orre	X16661	9065	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	JE PREV. PAID ISSU	E FEE TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1440	\$300	\$0	\$1740	07/08/2008	
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
O'DELL, DAVID K		1625	514-620000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47: Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered patent attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type)				
PLEASE NOTE: Unl recordation as set fort (A) NAME OF ASSIG	less an assignee is ident h in 37 CFR 3.11. Com GNEE		data will appear on th T a substitute for filing (B) RESIDENCE: (C	e patent. If an assign an assignment. ITY and STATE OR O	, in the second second	ocument has been filed for	
Eli Lilly and Company Indianapolis, Indiana 46285 Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
	are submitted: For small entity discount For Copies	permitted)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 05-0840 (enclose an extra copy of this form).				
	s SMALL ENTITY state	us. See 37 CFR 1.27.	☐ b. Applicant is no	longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).	
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	John C. Der		Date <u>April 142ex8</u> Registration No. 30,167				
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